


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P39252</b> 1. Entity Name SOS CHILDREN'S VILLAGES-USA, INC.						FILED 04 OCT 27 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1317 F STREET NW STE 550 WASHINGTON, DC 20004				Mailing Address 1317 F STREET NW STE 550 WASHINGTON, DC 20004			
2. Principal Place of Business		3. Mailing Address		10222004 REIN-NP CR2E099 (6/04)  4. FEI Number 13-6188433		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-0000				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____				DATE _____			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOHAN, DIRK 225 N. MICHIGAN AVE., STE. 800 CHICAGO, IL 60601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOHAN, DIRK 101 East Erie St. Chicago, IL 60611		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWMAN, FREDRIC 11555 HERON BAY BLVD, SUITE 300 POMPANO BEACH, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Newman, Fredric 7284 W. Palmetto Park Rd., Suite #210 Boca Raton, FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKENDER, JOSEPH 10101 ROBERTS ROAD PALOS HILLS, IL 60465	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042248709 10/27/04--01048--012 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUENLER, CHRISTIAN 80638 MUCHEN, MENZINGER STRASSE 23 GERMANY 011/49/89/179 142 20,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD ZAPPIA, CHRISTOPHER 1317 F STREET, NW STE. 500 WASHINGTON, DC 20004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____				10/22/04 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____			